

Health Equity Task Force

Established by Chapter 93 of the Acts of 2020

Discussion Draft Interim Report

October 7, 2020

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1. Executive Summary & Overview

- The disproportionate impacts of COVID-19 on racially and ethnically diverse populations, as well as other vulnerable populations, is a moment of reckoning for this country, and for Massachusetts. The Health Equity Task Force Members have reflected that this is our “national Katrina” where longstanding health disparities and economic inequities have foreseeably resulted in higher rates of infection and mortality in some communities during this public health emergency. The knowledge of the unequal burden of this disease, combined with our heightened awareness of systemic racism, demands our concerted action.
- The Task Force takes seriously its responsibilities to study and make recommendations that will promote an equitable COVID-19 response, learning from experiences to-date and drawing on the significant work done by others, with the ultimate goal of making progress on longstanding structural inequities. Health disparities are not new, but have been amplified in the COVID-19 pandemic and its economic aftermath. In recognition of this, the Task Force intends to build upon prior and current health equity work with extensive stakeholder input.
- This Interim Summary Report is issued to provide timely considerations for state policy makers in the ongoing COVID-19 response, while we face the possibility of a second surge. To that end, this summary highlights key priorities for consideration in the FY 2021 state budget expected this Fall.
- A final Health Equity Task Force Report will provide findings and recommendations in the detailed areas statutorily defined in the Legislature’s charge to the Task Force.

2. Focus Areas Aligned with Chapter 93

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Improve Safety for Populations at Increased Risk for COVID-19

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Remove Barriers and Increase Access to Quality and Equitable Health Care Services

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Increase Access to Medical Supplies

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Provide Materials to Underserved Populations in Multiple Languages

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2. Emerging Priority Areas for FY 2021 State Budget and Policy Consideration

- In light of urgent COVID-19 and health equity needs, the Health Equity Task Force focused its Interim Summary Report on relevant initial funding and policy priorities for consideration by the state legislature and the Administration in the FY 2021 state budget.
- We are cognizant of the uncertain state revenue outlook for FY 2021 and pending federal action for necessary COVID-19 economic support for state and local governments. We urge timely federal legislative action on a further COVID-19 relief package.
- By sharing these initial findings and priorities, we hope this will help inform the state legislature and Administration's important state budget work with a health equity lens.

Emerging FY 2021 State Budget and Policy Priorities

Charge 1: Improve Safety for Populations at Increased Risk for COVID-19

- ❖ Emergency Paid Sick Leave
- ❖ Isolation Housing/Hotels re COVID-19
- ❖ Decarceration in the context of COVID-19

Charge 2: Remove Barriers and Increase Access to Quality and Equitable Health Care Services

- ❖ Telehealth Parity & Coverage/ Digital Divide
- ❖ MassHealth Eligibility and Benefits
- ❖ Children's Health Care Access

Charge 3: Increase Access to Medical Supplies

- ❖ Bulk Purchasing of Medical Supplies

Charge 4: Increase Access to Testing

- ❖ Expand and Extend Stop the Spread Initiatives
- ❖ COVID-19 Testing and Enhanced Contact Tracing
- ❖ Statewide Surveillance Testing
- ❖ Uniform COVID-19 Testing Requirements for Entry to Congregate Settings

Charge 5: Provide Info Materials to Underserved/ Underrepresented Populations in Multiple Languages

- ❖ Language Access at State Agencies
- ❖ State Public Service Announcements Campaign
- ❖ Culturally & Linguistically Responsive Materials & CBO Outreach

Charge 6: Address Any Other Relevant Factors to Address Health Disparities

- ❖ Housing Stability & Eviction/Foreclosure Prevention
- ❖ Food Security
- ❖ Continued Funding for EOHEM Emergency Cash Assistance Program
- ❖ End Deep Poverty By Gradually Raising Cash Assistance

Charge 8: Other Areas of Recommendations

- ❖ Local Public Health COVID-19 & Health Equity Response
- ❖ Equitable COVID-19 Vaccines
- ❖ Behavioral Health Equity
- ❖ Data and Reporting for Health Equity Informed COVID-19 Efforts

Improve Safety for Populations at Increased Risk for COVID-19

Task Force Charge #1

- Emergency Paid Sick Leave
- Isolation Housing/Hotels re: COVID-19
- Decarceration in Context of COVID-19

#

FY21 State Budget and Policy Priority: Emergency Paid Sick Leave

Findings: The Task Force received considerable testimony that a barrier to COVID-19 positive persons isolating as they recover is the lack of emergency paid sick leave during a declared public health emergency. This is a pressing health equity for individuals and families, with public health consequences.

Recommend passage of An Act Relative to Emergency Paid Sick Time (S.2882/ H.4928) pending before the Ways and Means Committees. The bill creates a COVID Emergency Paid Sick Leave Fund administered by the Executive Office of Labor and Workforce Development for the purpose of financial assistance to businesses not covered under the federal Families First Coronavirus Act (FFCRA) for extended emergency paid sick leave. The bill would extend emergency paid sick leave to employees in a declared public health emergency. Many such employees are essential workers in frontline industries (health care/long-term care, janitorial, food service, childcare, etc.) who are currently excluded from the FFCRA.

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FY21 State Budget and Policy Priority: Isolation Housing/ Hotels re: COVID-19

Findings: Preventing the spread of COVID-19 from persons whose living conditions are not conducive to isolation is a priority. Many especially afflicted communities and vulnerable populations live in cramped, often multi-generational households or congregate settings (where isolation is not possible). We have heard of the great value of the state-funded isolation housing by community organizations and municipal letters as essential. Ensuring that proposed isolation facilities are located in communities that are disproportionately affected is integral to their utilization by those most in need. For instance, we received testimony about the great value and need for state-funded continuity of the current isolation hotel in Everett, which is able to serve surrounding communities which are among those with the highest COVID-19 rates. The Task Force requests continued state funding for isolation housing/hotels in the FY21 state budget. Such funding may need to be expanded in a future COVID-19 surge.

Support Continued Funding (and Expanded Funding in the event of future COVID-19 Surge) in the FY21 State Budget Process

FY21 State Budget and Policy Priority: Decarceration in Context of COVID-19

Findings: The MA Supreme Judicial Court recognized that, due to the COVID-19 pandemic, the situation inside the Commonwealth's jails and prisons "is urgent and unprecedented, and that a reduction in the number of people who are held in custody is necessary." Holding medically vulnerable people in prisons and jails during the COVID-19 pandemic places them at a substantial risk of serious harm, including death due to an inability to adequately physical distancing within prison walls. Recent outbreaks in the Department of Corrections and the Essex County jail underscore the need for action.

In keeping with the overall aim of minimizing congregate settings due to the transmissibility of COVID-19, the Task Force recommends decarceration efforts through various mechanisms including, but not limited to, maximizing good time for persons who are close to their release dates (such as within 6 months) and medically complex, frail, elderly persons who are incarcerated with non-violent offenses. Furthermore, it is imperative that the Department of Corrections require that all correctional staff comply with Department of Public Health guidelines regarding preventing the contraction of and spread of COVID-19 until the virus is no longer a threat or until otherwise indicated by DPH.

FY21 State Budget and Policy Priority: Decarceration in Context of COVID-19 (continued)

FY21 State Budget Recommendations:

Line-Item 8900-0001

"provided further that given the continued prevalence and threat of COVID-19 in the Commonwealth and recent outbreaks of the virus at Essex county jail and within the DOC, that the DOC Commissioner shall take all measures possible to release individuals in its care and custody through various mechanisms including, but not limited to, the use of home confinement, commutations, and maximizing good time for those close to their release dates, and that the Commissioner ensure that all correctional staff comply with DPH recommendations regarding preventing the contraction of and spread of COVID-19 until the virus is no longer a threat or until otherwise indicated by the Department of Public Health. The Commissioner shall apply the same to the counties through its regulation and oversight authority."

Line-Item 8950-0001

"provided further that given the continued prevalence and threat of COVID-19 in the Commonwealth and recent outbreaks of the virus at Essex county jail and within the DOC, that the MA Parole Board shall take all measures possible to expedite hearings for those who are at or past their parole eligibility dates, to expedite release for those who have already been approved for parole but remain incarcerated until the Parole Board approves their home plan, and to reparole those who are incarcerated on technical parole violations. In evaluating whether parole is incompatible with the welfare of society, the Board should consider both the general risk associated with preventing COVID-19 transmission and minimizing its spread in correctional institutions to inmates and prison staff and the specific risk to the prisoners, in view of his or her age and existing medical conditions, that would heighten the chance of death or serious illness if the prisoner were to contract the virus."

Remove Barriers and Increase Access to Quality and Equitable Health Care Services and Treatment

Task Force Charge #2

- Telehealth Coverage and Payment Parity and the Digital Divide
- MassHealth Eligibility and Benefits
- Children's Health Care Access

#

FY21 State Budget and Policy Priority: Telehealth Coverage and Payment Parity and the Digital Divide

Findings: The telehealth policies adopted by the Commonwealth (under Emergency Order) have allowed for safe and timely access to quality care for non-COVID patients allowing providers to safely address the surge of COVID related care throughout the pandemic. Equity concerns moving forward regard the need for continuation of these policies and focus on insurance coverage and payment parity. Additionally there is a need to invest in solutions for combating the growing digital divide. Access to affordable and accessible broadband as well as pilot initiatives that invest in technology for underserved communities should be a priority.

Telehealth Recommendations in Health Care Conference Committee:

- **Adopt the Coverage Parity for All Services That Can Be Provided Via Telehealth Wherever It Can Be Provided Safely & Effectively. (adopt provisions from SB2796)**

subsection (b) of the new section 30 of Chapter 32A in section 3 of the bill; subsection (b) of the new section 79 of Chapter 118E in section 49 of the bill; subsection (b) of the new section 47CC of Chapter 175 in section 54 of the bill; subsection (b) of the new section 38 of Chapter 176A in section 55 of the bill; subsection (b) of the new section 25 of Chapter 176B in section 56 of the bill; subsection (b) of the new section 33 of Chapter 176G in section 57 of the bill; subsection (b) of the new section 13 of Chapter 176I in section 58 of the bill.



FY21 State Budget and Policy Priority: Telehealth Coverage and Payment Parity and the Digital Divide (continued)

Telehealth Recommendations in Health Care Conference Committee (continued)

- **Adopt the reimbursement parity provisions**
(adopt sections 74 & 79 of **SB2796**)
- **Adopt the permanent reimbursement parity provisions for in-network behavioral health services**
(adopt **HB4916**)
subsection (g) of the new section 30 of Chapter 32A in section 4 of the bill; subsection (g) of the new section 79 of Chapter 118E in section 22; subsection (g) of the new section 47MM of Chapter 175 in section 24; subsection (g) of the new section 38 of Chapter 176A in section 25; subsection (g) of the new section 25 of Chapter 176B in section 26; subsection (g) of the new section 33 of Chapter 176G in section 27; subsection (g) of the new section 13 of Chapter 176I in section 28.

FY21 State Budget and Policy Priority: MassHealth Eligibility and Benefits

Findings: The Medicaid Program is a critical part of the response and recovery efforts for this pandemic, as many people have lost employment and now depend on its member benefits. Medicaid has always been and still remains a key program to close, reduce, and address health disparities. The Baker Administration and EOHHS responded immediately to the COVID-19 crisis with a range of Medicaid coverage, continuity of eligibility, and administrative flexibilities that we recommend should be extended beyond the declared state of emergency and continued by the Administration.

Recommendation for FY 2021 Budget Language: Continuity of MassHealth Eligibility and Benefits

The Executive Office shall maintain the following policies implemented during the COVID-19 emergency period to the extent it can do so in compliance with federal law and until such time as it provides 90 days advance notice to the House and Senate Ways and Means Committees of its intention to end such policies and its reason for doing so with respect to the following policies in effect on July 1, 2020:

- Self-attestation of all eligibility factors consistent with federal law with post-eligibility verification where warranted
- 3-months of retroactive eligibility for the under 65 population
- Hospital Presumptive Eligibility up to two times in a 12 month period and available for the elderly
- Health Safety Net presumptive eligibility available up to two times in a 12 month period
- At least 90 days for applicants and members to request a fair hearing
- A 90 day supply of drugs and medical supplies
- Payment of home delivery for drugs and medical supplies
- Authorization for certified application counselors and navigators to submit documents based on electronic signatures of applicants and members
- Authorization for applicants and members to complete certain forms by telephone

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FY21 State Budget and Policy Priority: Children's Health Care Access

Findings: Tens of thousands of low-income children can only access minimal coverage with strict limits on covered benefits through the Children's Medical Security Plan. These benefit caps have been the same since the program's inception 30 years ago, and ongoing access to coverage and care should be made available to all children, regardless of immigration status. In addition some children from low-income families, which would typically make them eligible for MassHealth are barred from accessing this coverage due to their immigration status. Several states have extended comprehensive Medicaid coverage to all children who are otherwise eligible, regardless of immigration status. This longstanding issue is even more crucial now, and the legislature should consider a range of solutions, such as removing benefits caps in CMSP and offering more comprehensive coverage to immigrant children.

FY21 State Budget Policy Recommendation: Adopt solutions for children's health care coverage such as:

- **Remove benefit caps within the Children's Medical Security Plan**
"All financial limitations on benefits shall be removed from Chapter 118E, Section 10F" Or
- **Expand comprehensive MassHealth coverage to children who would be eligible for MassHealth except for their immigration status** such as through HB162/SB677, an *Act to ensure equitable health coverage for children*

Increase Access to Medical Supplies

Task Force Charge #3

- Bulk Purchasing of Medical Supplies

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FY21 State Budget and Policy Priority: Bulk Purchasing of Medical Supplies

Findings: The Task Force received various stakeholder testimony about challenges in accessing medical supplies and PPE across sectors and individuals. In response, below is a recommendation for a bulk purchasing program (modeled on naloxone purchase program).

FY21 State Budget Recommendation: \$200,000 associated with Bulk Purchasing Initiative
SECTION __. Chapter 29 of the General Laws is hereby amended by inserting after 2HHHHH the following:-

Section 2IIIII. (a) There shall be a Municipal Medical Supply and Personal Protective Equipment Bulk Purchase Trust Fund. The fund shall be administered and expended by the commissioner of public health in consultation with the Massachusetts emergency management agency or a designee for the municipal medical supply and personal protective equipment bulk purchase program. Municipalities, non-profit organizations that contract with the department of public health may join the program to purchase medical supply and personal protective equipment for municipal first responder agencies, non-profit organizations, and essential businesses. The operational services divisions shall assist with the purchasing and distribution of medical supplies and personal protective equipment on behalf of the program and shall maintain a list of approved vendors for municipalities and non-profit organizations that are not participating in the program. For the purpose of accommodating timing discrepancies between the receipt of retained revenues and related expenditures, the department may incur expenses and the comptroller may certify for payment amounts not to exceed the lower of this authorization or the most recent revenue estimate as reported in the state accounting system. The department of public health shall provide technical assistance to participating municipalities and non-profit organizations to ensure that the municipalities and non-profit organizations complete all training and registration requirements. [*\(continued on next slide\)*](#)

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FY21 State Budget and Policy Priority: Bulk Purchasing of Medical Supplies (continued)

FY21 State Budget Recommendation: [Continued from Prior Slide](#)

(b) The fund shall consist of: (i) payments made by participating municipalities and non-profit organizations for the purchase of medical supplies; (ii) revenue from appropriations or other monies authorized by the general court and specifically designated to be credited to the fund; and (iii) funds from public or private sources including, but not limited to, gifts, grants, donations, rebates and settlements received by the commonwealth that are specifically designated to be credited to the fund. Funds received under clauses (ii) or (iii) shall be apportioned in a manner determined by the department and shall be applied to provide price reductions for municipalities purchasing medical supplies through the program, in addition to any discounts procured by the fund through bulk purchasing. Amounts credited to the fund shall not be subject to further appropriation and monies remaining in the fund at the end of a fiscal year shall not revert to the General Fund. The commissioner shall report annually not later than October 1 to the house and senate committees on ways and means on the fund's activity. The report shall include, but not be limited to, revenue received by the fund, revenue and expenditure projections for the forthcoming fiscal year and details of all expenditures from the fund, the municipalities and non-profit organizations participating in the program, the amount of medical supplies purchased by each municipality and non-profit organizations and the discount procured through bulk purchasing.

Increase Access to Testing

Task Force Charge #4

- Expand and Extend Stop the Spread Initiatives
- COVID-19 Testing and Enhanced Contact Tracing
- Statewide Surveillance Testing
- Uniform COVID-19 Testing Requirements for Entry to Congregate Settings

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FY21 State Budget and Policy Priority: Expand and Extend Stop the Spread Initiatives

Findings: The Task Force received substantial favorable testimony about the importance of the Stop the Spread Initiatives and recommendations that they be expanded and extended through SFY 21 -22. In the continued pandemic response, there is a call to have an extension and expansion of the Stop the Spread initiatives in existing and new communities as a tool to mitigate COVID-19 and assist communities with heightened needs. Culturally and linguistically responsive initiatives should be options for all yellow/moderate and red/severe COVID-19 areas (including at the neighborhood/census tract level) with emphasis on free asymptomatic testing for highly impacted, diverse, and low-to-moderate income populations, essential workers, and congregate settings/high density housing. Incorporate innovative testing modalities (drive/walk-through and mobile testing). Stop the Spread initiatives are yielding promising partnerships between the state, municipalities, local boards of health, and culturally and linguistically focused and trusted community-based organizations in terms of outreach and education in impacted communities.

Support funding to extend and expand Stop the Spread through FY21 into FY22. Build on this approach and dedicate funds to these community-based partnerships including for future initiatives incorporating equitable vaccinations.

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FY21 State Budget and Policy Priority: COVID-19 Testing and Enhanced Contact Tracing

Findings: The Task Force recommends increased no-cost, asymptomatic testing (including mobile testing) and enhanced contact tracing capacity in both local boards of health and through the Community Tracing Collaborative. We recommend adaptation of such services to encompass education and mechanisms to link people to supportive wrap-around services (food security, housing stability, access to PPE, employment assistance, transportation issues). Prioritize rapid notification of potential exposure and facilitate linkage to local testing for medically vulnerable populations. By developing state and municipal partnerships with trusted community-based organizations serving disproportionately-impacted populations, there is an opportunity to jointly set up testing sites where diverse, vulnerable populations are located (community centers, housing, churches, food pantries). Further, these partnerships could be used to train and utilize trusted community members to conduct contact tracing, education, and wrap-around services.

Support Ongoing Funding for the Community Tracing Collaborative, which received dedicated funding in the FY20 supplemental budget law.

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FY21 State Budget and Policy Priority: Statewide Surveillance Testing

Findings: The Task Force received substantial testimony about the need for statewide surveillance testing of asymptomatic residents, including across diverse populations and geographies as a prevention, mitigation, and early surge-warning strategy. Recommend statewide surveillance testing program, that is representative of the overall population (inclusive of urban, suburban, and rural settings) and includes populations at high-risk. Require regular COVID-19 testing for congregate and community-based programs that are vulnerable to outbreaks (such as long-term care facilities, public housing and densely populated housing, group homes, homeless shelters, prisons, etc. Provide and implement guidelines for surveillance among essential workers.

Support Funding for Implementation for a New Massachusetts Statewide COVID-19 Surveillance Program described above.



State Policy Priority: Uniform COVID-19 Testing Requirements for for Entry to Congregate Settings

Findings: The Task Force reviewed testimony about the need for uniform COVID-19 testing requirements for entry to congregate settings (homeless shelters, long-term care, group settings, etc.). There are disparate testing requirements leading to increased housing instability and transitions in health care, especially for socially and medically vulnerable populations throughout the pandemic.

Recommend that the Massachusetts COVID-19 Command Center and Corresponding State Agencies Establish Uniform COVID-19 Testing Requirements for Entry to Congregate Settings.

Informational Materials to Underserved and Underrepresented Populations in Multiple Languages

Task Force Charge #5

- Language Access at State Agencies Overseeing Services and Benefits
- Statewide Public Service Announcements Campaign
- Culturally and Linguistically Responsive Materials & CBO Outreach

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FY21 State Budget and Policy Priority: Language Access at State Agencies Overseeing Public Services and Benefits

Findings: The Task Force received testimony about the difficulties in multi-lingual access to state services and benefits and the need for more linguistically appropriate platforms, including call centers, websites, and written information. Limited English proficient individuals are more acutely affected by COVID-19 state agency closures as they are unable to have in-person meetings to get language access. Challenges with language access in telephone systems and websites pose barriers in accessing vital benefits and services during the pandemic. As a preliminary step to long-term language access plan needs, action is recommended now so that state agency call centers are more accessible and responsive to callers who have language access needs other than English.

FY21 State Budget Recommendation:

Language Access at State Agencies Overseeing Public Services and Benefits:

“For all state agencies that provide services and benefits to the public, establish and implement clear and consistent protocols detailing steps to respond to voicemails left in a language other than English and track results.”

#

FY21 State Budget and Policy Priority: Statewide Public Service Announcements Campaign

Findings: The Task Force received testimony about the merits of a statewide campaign of public service announcements, announcing the availability of no-cost testing and treatment for COVID-19, regardless of immigration status, along with accompanying public health messages. This platform is also recommended for use when vaccines are available. Elements of this campaign should include: the participation of racial/ethnic media and community-based organizations; outreach information in a culturally and linguistically appropriate format; important messages to address areas of common misconceptions and fear about accessing testing, treatment, recovery services, and ultimately vaccines.

Support Funding for Implementation for a New Massachusetts Statewide COVID-19 Public Service Announcements Campaign

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FY21 State Budget and Policy Priority: Culturally and Linguistically Responsive Materials & CBO Outreach

Findings: The Task Force supports the further development of culturally and linguistically responsive materials related to COVID-19 and distribution mechanisms via trusted local community-based organizations (CBOs). A grant funded initiative is recommended for CBOs to undertake community outreach and outreach to businesses.

Support Funding for Implementation for a COVID-19 Community Outreach Initiative May Combine with Charge 4 Recommendations

- Grant funding initiative for community outreach through trusted local community-based organizations, that are sources of information in their cities and towns, and able to conduct the recommended outreach and education campaigns to reduce the spread of COVID-19. Partnerships between state, local boards of health, and community organizations is a cost-effective approach to engage diverse, immigrant and refugee populations in COVID-19 initiatives.
- Through outreach, CBOs and local boards of health can increase access to testing, contact tracing, and connections to treatment and local resources using newly developed outreach materials and statewide public campaigns.
- Outreach to employers (small businesses and chambers of commerce) on the rationale and technical assistance regarding the recommended local public health guidelines to reduce the spread of COVID-19.

Other Relevant Factors to Address Health Disparities

Task Force Charge #6

- Housing Stability & Eviction/
Foreclosure Prevention
- Food Security
- Continued Funding for EOHED
Emergency Cash Assistance
Program
- End Deep Poverty By Gradually
Raising Cash Assistance

Findings: In the wake of COVID-19 and its prolonged economic effects particularly for low-wage workers, the Task Force received resounding testimony about the emergent need for housing stabilization and eviction and foreclosure prevention efforts. Housing is a social determinant of health. Action must address the housing crisis which equates to a public health crisis. The current October 17th renewal date for the eviction moratorium marks a predicted and preventable tidal wave of wide-scale housing instability and risk for homelessness in the midst of the COVID-19 pandemic. A comprehensive plan is needed for tenants and homeowners to prevent housing instability and mass eviction. The Task Force lends supports to these ongoing efforts:

- Extend the eviction and foreclosure moratorium (until a comprehensive plan is put into place to prevent displacement)
- Adopt a framework to provide time, protection, and housing assistance to tenants, homeowners, and landlords to keep people housed (Housing Stability bill re: COVID-19)
- Fund rental assistance and foreclosure prevention to stabilize people's housing and prevent homelessness: RAFT, MRVP, AHVP, Public Housing, HomeBASE, and the Tenancy Preservation Program
- Implement a statewide right to counsel program to prevent eviction and preserve tenancies
- Emergency shelter funding to support already elevated need.

#

FY21 State Budget and Policy Priority: Housing Stability and Support for Long-Term Affordable Housing and Emergency Rental Assistance

Rental Assistance for Families in Transition (RAFT), the Massachusetts Rental Voucher Program (MRVP), the Alternative Housing Voucher Program (AHVP), Public Housing, HomeBASE, and the Tenancy Preservation Program

Findings: Increased investments and streamlined access to affordable housing and homelessness prevention resources through the RAFT, rental assistance, and other affordable housing programs is essential. Supports small landlords as well.

Urge the Legislature to provide increased funding for programs providing long-term affordable housing and emergency rental assistance in the FY21 state budget.

- \$135 million for the Massachusetts Rental Voucher Program (MRVP) to increase the number of vouchers providing long-term rental assistance
- \$12 million for the Alternative Housing Voucher Program (AHVP) to provide increased rental assistance for persons with disabilities
- At least \$50 million for RAFT from the FY21 budget, with an additional investment of at least \$175 million from the state's remaining federal Coronavirus Relief Funds
- At least \$45 million for the HomeBASE program, and include language to provide an additional year of benefits to households that otherwise will time out of the program before securing permanent housing

#

State Policy Priority: Housing Stability and Statewide Right to Counsel COVID-19 Initiative

Statewide Right to Counsel COVID-19 Initiative

Findings: “Now more than ever housing stability and health are inextricably intertwined.” Medical studies document how people who face housing stability and fall behind on rent are more likely to experience poor health and distress. There is far greater risk of being exposed to COVID-19 if stable housing is lost. Only 8% of tenants facing eviction proceedings have lawyers. The health care community, municipalities, and over 130 coalition members support the implementation of a statewide right to counsel program to preserve tenancies.

Urge the Governor to support a Statewide Right to Counsel COVID-19 Initiative and fund it in the amount of \$15 million through federal COVID relief dollars or other sources

#

FY21 State Budget and Policy Priority: Food Security

Findings: The Task Force received substantial testimony about food insecurity in light of COVID-19 and its after-effects. Low-wage workers have been especially impacted. Ensuring equitable access to healthy food is a critical part of the state's recovery.

Rates of food insecurity were already too high in our state prior to the COVID-19 pandemic at 1 in 11 households and 1 in 9 children. Over the past seven months, the economic consequences of this crisis have caused food insecurity to skyrocket. As of July, 1 in 6 households and more than 1 in 5 households with children in Massachusetts report difficulty buying the food they need.

The Task Force recommends state budget support for a range of key food programs outlined on the following slide. One such program is the Healthy Incentives Program, which has provided \$18.5 million of fresh, healthy, local food to more than 82,000 households since 2017, all purchased from local farms.

FY21 State Budget Recommendations: Promoting Food Security

- **Massachusetts Emergency Food Assistance Program (MEFAP) Line-Item 2511-0105: \$30 Million**
- **Emergency Food Funds to Hard Hit Communities/Municipalities**
- **SNAP Gap:** Maximize federal nutrition dollars by including language (in an outside section) that requires the state to permit health care consumers to apply for SNAP at the same time. (Financing already authorized through FY20 IT Bond Bill)
- **SNAP Outreach:** Support for SNAP outreach and enrollment through the Project Bread FoodSource Hotline in Line-Item 4400-1001: **\$600,000**
- **Healthy Incentives Program Line-Item 4400-1004: \$17 Million**
- **MA Food Trust operating budget: \$300,000** (supports food access infrastructure development targeting underserved communities)
- **Women, Infants, and Children (WIC) Program**

#

FY21 State Budget and Policy Priority: Continued Funding for EOHED Emergency Cash Assistance Program

Findings: The Task Force is concerned about historically, underserved populations especially those who are ineligible for other sources of assistance. Continuing the crucial emergency cash assistance program (as provided for in the FY20 supplemental budget law - H.4808), we recommend that the FY21 budget include an additional \$20 million in funding for this initiative, which is \$10 Million allocated in the budget with envisioned matching funds by philanthropic/ private funds. Assistance is distributed through community foundations partnered with trusted community-based organizations.

Launched in July, this program provides emergency cash assistance to the most hard-hit populations across the state, including immigrants who have no access to other sources of federal or state aid. Food and housing insecurity is heightened in immigrant communities. According to the MIRA Coalition's community survey conducted in August, 59 percent of immigrant households reported reliance on food or cash assistance; among households with undocumented members, the share was 77.8 percent. Three in 5 such households reported housing insecurity due to missed rent payments.

#

FY21 State Budget and Policy Priority: Continued Funding for EOHED Emergency Cash Assistance Program (continued)

FY21 State Budget Recommendation: Line-Item 7002-0010, an Additional \$20 Million total (\$10 Million matched by philanthropic/ private funds)

FY21 Budget: An additional \$20 million in additional funding for **emergency cash assistance** to impacted, historically underserved populations, especially those who are ineligible for other assistance. This would continue and add an additional \$20 Million total (\$10 Million state match by private foundations), through the program established by the FY20 Supplementary Budget, [H.4808](#), ("An Act making appropriations for the fiscal year 2020 to authorize certain COVID-19 spending in anticipation of federal reimbursement"), as passed to be engrossed by the House on June 24, 2020, lines 172 to 201. As enacted, assistance is distributed through community foundations partnered with trusted CBOs, and envisions a 1-1 match by private foundations.

#

FY21 State Budget and Policy Priority: End Deep Poverty By Gradually Raising Cash Assistance

Findings: The maximum cash assistance grant for a family of 3 (TAFDC) is only \$593 a month. Grants for elders and persons with disabilities (EAEDC) are even lower. Grant levels have lost half their value since 1988 and are now far below Deep Poverty – 50% of the federal poverty level. Children and vulnerable adults in extreme poverty are at risk of homelessness and other hardships, including cognitive, emotional, and physical health challenges. Severe poverty impairs children’s ability to learn, school performance, self-esteem, and future earnings. People of color, including children, are more likely to be in Deep Poverty and more likely to be harmed by it.

FY21 State Budget Recommendation: Include outside sections with language from H.102 and S.36 to end Deep Poverty by –

- Raising TAFDC and EAEDC grants by 10% a year until they reach 50% of the federal poverty level (currently \$905/month for a family of 3)
- And then increasing grants to keep pace with increases in the Deep Poverty level

Other Areas of Recommendations by Health Equity Task Force

Task Force Charge #8

- Local Public Health COVID-19 & Health Equity Response
- Equitable COVID-19 Vaccines
- Behavioral Health Equity
- Data and Reporting for Health Equity Informed COVID-19 Response Efforts

#

FY21 State Budget and Policy Priority: Local Public Health COVID-19 and Health Equity Response

Findings: The Task Force received testimony that many local boards of health (BOH) have insufficient public health resources in light of COVID-19 and on an ongoing basis. State funding is needed for in-need Local Public Health Departments for COVID-19 and related health equity efforts, including but not limited to needs for adequate staff capacity and a culturally appropriate public health workforce, including outreach workers and contact tracers.

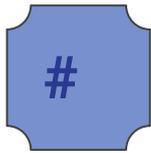
- Funding must be dedicated to local BOH as a down payment to support necessary infrastructure improvements for COVID-19 response and other BOH responsibilities to protect the public's health. These funds should be made available to support needs specific to each community. They can be viewed as a step in the direction of the goals of accelerating improvements to the local and regional public health system to address disparities in the delivery of public health services.
- Some BOH have indicated that it would be helpful to receive best practices guidance for community engagement and interventions related to COVID-19.
- Steps are encouraged for local municipalities to form an advisory structure so that residents experiencing the greatest impacts of COVID-19 are full partners in informing the response efforts in their communities.

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FY21 State Budget and Policy Priority: Equitable COVID-19 Vaccinations

Findings: Equitable vaccine distribution, access, education, outreach, vaccination rates and public reporting of such rates have been a major focus of Task Force input. Public skepticism about potential vaccines and prior mistrust especially among diverse populations have been noted. The Task Force recommends that there is a participatory advisory process, representative of racially and ethnically diverse stakeholders and residents and vulnerable populations and medical, public health, ethics, and other expertise, for input in the design and oversight of the vaccination plan and its implementation. The vaccination plan should include public hearings and an opportunity for public testimony to incorporate feedback. A new report by the National Academies of Sciences, Engineering and Medicine ([National Academies Framework for Equitable Allocation of COVID-19 Vaccine Highlights](#)) is a reference. Further, we recommend that the implementation of COVID-19 vaccine should include a culturally and linguistically-centered public awareness campaign, education, and community engagement plan to foster vaccine awareness, promotion and acceptance, including addressing out-of-pocket costs, if any, associated with the vaccine, and conducting such a campaign in partnership with trusted community-based organizations, local public health departments, and health care providers, including those serving diverse, gateway communities.

In preparation for COVID-19 vaccines, we recommend planning for data collection and public reporting on vaccine distribution and vaccination rates to monitor and implement equitable vaccination efforts.

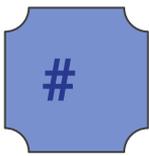


FY21 State Budget and Policy Priority: Equitable COVID-19 Vaccinations (continued)

FY21 State Budget Policy Recommendation: Equitable COVID-19 Vaccination Process

New DPH Line-Item or section

"for the operation of a participatory advisory process, representative of racially and ethnically diverse stakeholders and residents and vulnerable populations and medical, public health, ethics, and other expertise, for input in the design and oversight of the COVID-19 vaccination plan and its implementation; provided, that in developing and implementing said vaccination plan that there shall be not less than 2 public hearings to gather public testimony and incorporate feedback of the public; provided further, the implementation of the COVID-19 vaccination plan shall include a culturally and linguistically-centered public awareness campaign, education, and a community engagement plan to foster vaccine awareness, promotion, and acceptance, including addressing out-of-pocket costs, if any, associated with the vaccine, and conducting such a campaign in partnership with trusted community-based organizations, local public health departments and health care providers, including those serving a diverse, gateway communities."



FY21 State Budget and Policy Priority: Behavioral Health & Equity

Findings: Behavioral health equity is a priority area. Not only are there important strides ahead to achieve behavioral health parity in the delivery of health care and behavioral health services, there are additional inequities where progress is imperative. These include but are not limited to disparities in health outcomes, intersections with criminal justice systems, and ongoing stigma. The Task Force recommends support for a range of supportive state budget items described below.

FY21 State Budget Recommendation: Support Behavioral Health Initiatives

Stable, Affordable Housing for Clients of the Department of Mental Health (DMH): DHCD Line Item 7004-9033: Department of Mental Health Rental Subsidy Program, Request: \$10.548M, address \$2M shortfall in H2 and expand by \$1M

Child and Adolescent Mental Health Services: DMH Line Item 5042-5000: DMH Child & Adolescent Mental Health Services Request: \$94.536M, restore the \$2.5M proposed cut in H2
DEEC Line Item 3000-1020: Early Childhood Mental Health Consultation Request: \$2.5M

Older Adult Mental Health Services EOE Line Item 9110-1640: Geriatric Mental Health Services Program – EMHOT – Elder Mental Health Outreach Teams Request: \$1M, \$200K above H2

Criminal Justice Diversionary Services: DMH Line Item 5046-0000: Jail Diversionary Services Program: Request a \$2M increase over FY20 GAA to \$5M to resolve a backlog and increase number of co-responder programs

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FY21 State Budget and Policy Priority: Data and Reporting for Health Equity Informed COVID-19 Efforts

Findings: The Task Force received wide-ranging stakeholder input for further and more complete actionable data and public reporting to inform the COVID-19 response, which residents, employers, and local governments could use to inform decision-making and protect the safety (including prevention) of all residents including those at greater risk for disproportionate impacts of COVID-19.

- Building on progress on reporting and the current COVID-19 data reporting law, we recommend that ongoing reporting efforts more fully capture and publicly report race, ethnicity, language, disability, and occupation data -- all of which are envisioned elements.
- We also recommend adding new data to the required dashboards including “industry, sexual orientation and gender identity, and cluster information that would show clusters by category and location” (e.g., k-12 schools, universities, early child care, social gatherings, workplace) and by category over time, such as Colorado is doing.
- In preparation for COVID-19 vaccines, we recommend planning for data collection and public reporting on vaccine distribution and vaccination rates to monitor and implement equitable vaccination efforts.
- We support also efforts to encourage the quality and completeness of the data that is submitted by health care providers, laboratories, and other entities to the Department of Public Health.



FY21 State Budget and Policy Priority: Data and Reporting for Health Equity Informed COVID-19 Efforts

FY21 State Budget Recommendation: COVID-19 and Health Equity Enhanced Data and Reporting Section

"Section 1 of chapter 93 of the Acts of 2020 is hereby amended in subsection (c) by inserting after "(ix)" the following:-
"(x) industry; (xi) sexual orientation and gender identity; (xii) cluster information by category and location and (xiii)."
and said section 1 is further amended in subsection (f) by inserting after the word "section" the following:-
"on a bi-weekly basis"

and said section 1 is further amended by adding at the end the following new subsection:-

""(h) Notwithstanding any general or special law to the contrary, the department of public health shall, on not less than a weekly basis, collect and compile data including from the use of the Massachusetts Immunization Information System (MIIS) from all boards of health, as defined in section 1 of chapter 111 of the General Laws, and from any person, corporation, association, partnership or other legal entity over which the department has regulatory authority, that is related to the distribution of vaccines for COVID-19, and vaccination rates in the commonwealth. Said data shall include, but shall not be limited to, the following: (1) the total number of people who have received the COVID-19 vaccine within the previous week period and the vaccination rate, stratified by populations prioritized for the vaccine and the specific version of the vaccine given; (2) the aggregate rate and number of people who have been vaccinated since inception of the availability of the vaccine; (3) demographic information for all individuals who have received a COVID-19 vaccine stratified by the version of vaccine, including, but not limited to: (i) gender; (ii) race; (iii) ethnicity; (iv) primary city or town of residence; (v) age; (vi) disability; (vii) primary language; (viii) occupation; (ix) industry; (xi) sexual orientation and gender identity; (xi) information on residence in elder care facilities and other congregate settings, including individuals who are homeless and (xii) any other demographic information that the department deems important to understand the vaccination rates in certain populations."

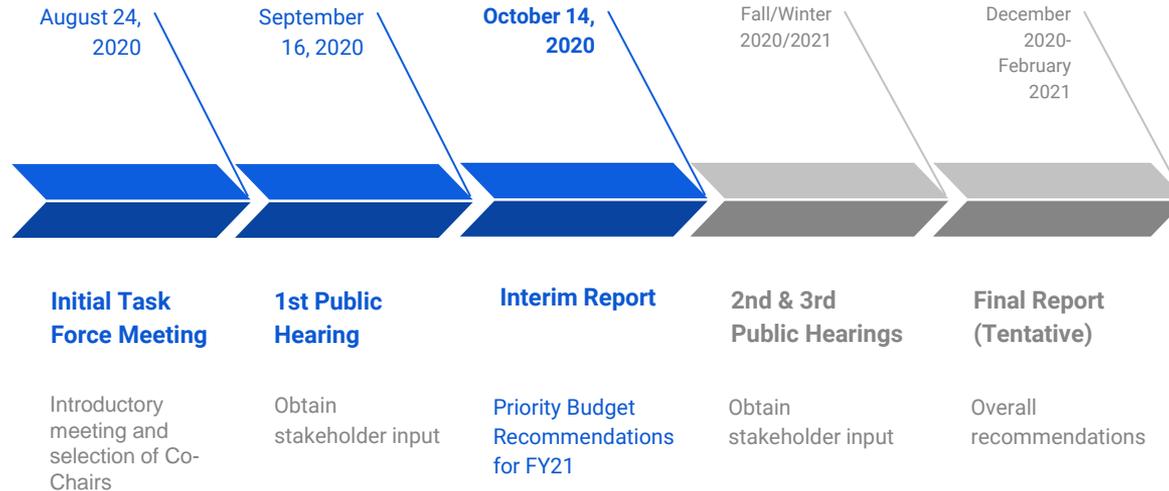
3. Planned Next Steps of Task Force Toward Final Report

Process & Anticipated Timeline for Final Report *(subject to updates)*

- Task Force Members are taking a Leadership Role in developing each of the 8 Sections of Report (aligned with 7 areas in Chapter 93 of the Acts of 2020 and an “Additional Areas” Section to encompass additional recommendations).
- A discussion draft report will be developed for continuing stakeholder input.
- The Task Force will convene at least 2 additional Public Hearings.

3. Health Equity Task Force Anticipated Timeline

*subject to updates



4. Health Equity Task Force Members

Senate Appointees

Senator Sonia Chang-Diaz

Senator Julian Cyr

Task Force Co-Chair, Michael Curry, Esq., Deputy CEO and General Counsel at Massachusetts League of Community Health Centers

Dr. Milagros Abreu, Executive Director, President and Founder of The Latino Health Insurance Program

Dr. Cassandra Pierre, infectious diseases physician and Assistant Professor of Medicine at Boston University

Dr. Frank Robinson, Vice President, Public Health and Community Relations, Baystate Health

Hirak Shah, Legal Counsel for Senate Minority Leader Bruce Tarr

House Appointees

Representative Chynah Tyler

Representative José F. Tosado

Task Force Co-Chair, Dr. Assaad Sayah, CEO, Cambridge Health Alliance; Commissioner of Public Health, City of Cambridge; Assistant Professor, Harvard Medical School

Dr. Kiame Mahaniah, CEO, Lynn Community Health Center

Dr. Myechia Minter-Jordan, President & CEO, DentaQuest Partnership for Oral Health Advancement and Catalyst Institute

Jeffrey Sanchez, Lecturer, Center for Public Health Leadership, TH Chan School of Public Health; Senior Advisor, Rasky Partners

Beverly Stables, Health Care Policy Analyst for House Minority Leader Bradley H. Jones, Jr.

Chair of the MA Black and Latino Legislative Caucus

Representative Carlos González

Chair of the MA Asian-American Legislative Caucus

Representative Donald H. Wong

4. Summary of Task Force Meetings, Public Hearing and Presentations To-Date

Meeting/Hearing	Topics	Resources
August 24, 2020 Task Force Meeting	<ul style="list-style-type: none"> • Introductory Meeting • Selection of Co-Chairs • Presentation by Office of Health Equity 	MA Department of Public Health Office of Health Equity Presentation
September 3, 2020 Task Force Meeting	<ul style="list-style-type: none"> • Review of Task Force Mandate • COVID-19 Recommendations 	MA Public Health Association Presentation
September 16, 2020 Public Hearing	<ul style="list-style-type: none"> • Public Hearing to Receive Stakeholder Input 	Written Testimony by Diverse Stakeholders (link)
September 18, 2020 Task Force Meeting	<ul style="list-style-type: none"> • Insights from Public Hearing • Process for Interim Report 	
September 29, 2020 Task Force Meeting	<ul style="list-style-type: none"> • Perspectives from Hotspot Community 	Presentations by Chelsea Collaborative and Chelsea City Manager Presentation by Boston Black COVID-19 Caucus
October 7, 2020 Task Force Meeting	<ul style="list-style-type: none"> • Interim Summary Report Review • Perspectives from Black & Latino and Asian-American Legislative Caucuses 	Listening Session with MA Black and Latino Legislative Caucus and MA Asian-American Legislative Caucus
October 14, 2020 Task Force Meeting	<ul style="list-style-type: none"> • Discussion and Approval of Interim Report 	

5. Appendix A: Legislative Mandate

Chapter 93 of the Acts of 2020 <https://malegislature.gov/Laws/SessionLaws/Acts/2020/Chapter93>

SECTION 2. (a) Notwithstanding any general or special law to the contrary, there shall be a task force to study and make recommendations to the general court that address health disparities for underserved or underrepresented populations based on culture, race, ethnicity, language, disability, gender identity, sexual orientation, geographic location, including, but not limited to, gateway cities with hospitals dedicated to caring for patients who test positive for COVID-19, and age in the commonwealth during the COVID-19 pandemic.

(b) The recommendations shall include, but shall not be limited to, ways to:

(1) improve safety for populations at increased risk for COVID-19, which may include, but shall not be limited to: (i) employees of businesses and organizations defined as providing “COVID-19 Essential Services” under the governor’s March 23, 2020 emergency order; (ii) individuals residing in congregate housing and group home facilities, including, but not limited to, those operating under contracts with the department of developmental services, the department of mental health, the department of children and families, executive office of elder affairs, the department of housing and community development, the department of youth services, or the department of public health; (iii) inmates confined to a house of correction or state prison; (iv) individuals with serious underlying medical conditions linked to increased risk of severe illness from COVID-19 according to the federal Centers for Disease Control and Prevention; and (v) individuals residing in municipalities or neighborhoods disproportionately impacted by COVID-19;

5. Appendix A: Legislative Mandate (continued)

SECTION 2. (b) (1) (cont.) (2) remove barriers and increase access to quality and equitable health care services and treatment; (3) increase access to medical supplies; (4) increase access to testing for COVID-19, including identifying ways to ensure that testing occurs in diverse geographic locations throughout the commonwealth; (5) provide informational materials to underserved or underrepresented populations in multiple languages on available and affordable health care resources in the commonwealth, including, but not limited to, prevention, testing, treatment and recovery; and (6) address any other factor the task force deems relevant to address health disparities for underserved or underrepresented populations based on culture, race, ethnicity, language, disability, gender identity, sexual orientation, geographic location and age in the commonwealth during the COVID-19 pandemic. As part of its recommendations, the task force may recommend the further study of the impact of disparities on populations not subject to this study.

(c) The task force shall consist of: 6 members appointed by the senate president, not more than 2 of whom shall be members of the senate; 6 members appointed by the speaker of the house of representatives, not more than 2 of whom shall be members of the house of representatives; 1 member appointed by the minority leader of the senate; 1 member appointed by the minority leader of the house of representatives; the chair of the Massachusetts Asian-American Legislative Caucus or a designee; and the chair of the Massachusetts Black and Latino Legislative Caucus or a designee. Task force membership shall reflect diverse representation in the commonwealth including, but not limited to, diverse cultures, races, ethnicities, languages, disabilities, gender identities, sexual orientations, geographic locations and ages

5. Appendix A: Legislative Mandate (continued)

Appointees of the senate president, speaker of the house, minority leader of the senate and minority leader of the house who are not members of the general court shall be knowledgeable in public health or healthcare. When making appointments, the senate president, speaker of the house, minority leader of the senate and minority leader of the house shall give consideration to individuals who have experience addressing disparities in underserved or underrepresented populations based on culture, race, ethnicity, language, disability, gender identity, sexual orientation, geographic location and age or who work in the healthcare system with a diverse patient population. Two members of the task force shall be elected by a majority of the task force membership to serve as co-chairs; provided, however, that neither member shall be a member of the general court.

The task force may consult with the office of health equity to inform its work. The office of health equity shall provide requested information to the task force upon request.

(d) The task force shall file its recommendations with the clerks of the house of representatives and the senate and the house and senate committees on ways and means not later than August 1, 2020.

(e) The task force shall file an interim report describing any initial recommendations and issues requiring further study with the clerks of the house of representatives and the senate and the house and senate committees on ways and means not later than June 30, 2020; provided, however, that the task force may file earlier interim recommendations if deemed advisable or additional interim recommendations between June 30, 2020 and August 1, 2020

5. Appendix A: Legislative Mandate (continued)

(f) The task force shall hold at least 1 public hearing and accept public comment before filing its interim report under subsection (e) and shall hold not less than 2 additional public hearings and accept public comment before filing its final report under subsection (d); provided, however, that the task force may hold virtual public hearings if it is in the interest of public health.

SECTION 3. Notwithstanding any general or special law to the contrary, the department of correction and each house of correction shall provide to the department of public health any data necessary to implement sections 1 and 2.

SECTION 4. Notwithstanding any general or special law to the contrary, the department of public health may enter into interagency agreements with other state agencies to facilitate the collection of data requested pursuant to this act.

SECTION 5. Sections 1 and 3 to 4, inclusive, are hereby repealed.

SECTION 6. The governor shall certify in writing to the state secretary when the department of public health has not received a report of a positive test of COVID-19 in the commonwealth within the preceding 30 days.

SECTION 7. Section 5 shall take effect upon the certification required by section 6.

Approved, June 7, 2020.